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## \*BIBDATASHEET\*

CONFIRMATION NO. 3485

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/771,909	<b>FILING OR 371(c) DATE</b> 02/03/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 206,424
<b>APPLICANTS</b> Zohar Avrahami, Rehovot, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/021,586 12/12/2001 PAT 6,711,435 which is a CON of 09/635,892 08/10/2000 PAT 6,615,079 which is a DIV of 09/189,170 11/09/1998 PAT 6,148,232				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/03/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> ABELMAN, FRAYNE & SCHWAB 666 Third Avenue-10th Floor New York, NY 10017				
<b>TITLE</b> TRANSDERMAL DRUG DELIVERY AND ANALYTE EXTRACTION				
<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	